

### Physicians-Specific Emergency Operation Plan (EOP) Overview

<b>Applicable Campus:</b> Salem Health	<b>Department Name:</b> Emergency Operations Plan (EOP)
<b>Final Approval:</b> December 2015 <b>Effective:</b> December 2015	<b>Next Review Date:</b> December 2016
<b>List all stakeholder(s) and dates of approval:</b>	
<b>Stakeholder:</b> Salem Hospital – Medical Executive Committee	<b>Date:</b> 12/2015 Reviewed <input checked="" type="checkbox"/> Revised <input type="checkbox"/>
<b>Stakeholder:</b> West Valley Hospital – Medical Executive Committee	<b>Date:</b> 12/2015 Reviewed <input checked="" type="checkbox"/> Revised <input type="checkbox"/>
<b>Stakeholder:</b> Salem Hospital – Hospital Preparedness Council	<b>Date:</b> 12/2015 Reviewed <input type="checkbox"/> Revised <input checked="" type="checkbox"/>
<b>Stakeholder:</b> Salem Hospital – Emergency Operations Managers	<b>Date:</b> 12/2015 Reviewed <input checked="" type="checkbox"/> Revised <input type="checkbox"/>
<b>Stakeholder:</b> West Valley Hospital – Emergency Management Committee	<b>Date:</b> 12/2015 Reviewed <input type="checkbox"/> Revised <input checked="" type="checkbox"/>
<b>Stakeholder:</b> Vice President Kaizen, Quality, Safety, and Patient Care Services	<b>Date:</b> 12/2015 Reviewed <input checked="" type="checkbox"/> Revised <input type="checkbox"/>

**Describe briefly the most recent revision made to this policy, procedure or protocol & why:**

Combined the two policies from Salem Hospital and West Valley Hospital into a single policy to apply to all Salem Health.

**Purpose/Policy Statement:**

It is the policy of Salem Health that physicians participate in developing the hospital's emergency operations plan, that hospital physicians are prepared to serve in their code triage role, and that a process exists to incorporate licensed independent physicians into the hospital's emergency operations plan in a disaster.

**Definitions:**

- **Emergency Operations Plan (EOP):** The collection of policies and procedures used to manage disasters and hospital emergencies. The EOP guides how the hospital prepares for, responds to, mitigates the impact of, and recovers from disasters and hospital emergencies.
- **Disaster:** Disaster refers to any event that overwhelms or disrupts the customary health care system requiring the hospital to implement EOP procedures to provide patient care. Examples of a disaster include a major earthquake, mass casualty incident, etc.
- **Emergency:** Emergency refers to an event that creates demands on the hospital that exceed the capacity of an operational unit or department with current staffing or normal procedures which requires the use of EOP procedures to ensure patient safety and maximize patient care. Examples of a hospital emergency include a high number of critical casualties arriving within a short time, such as from a number of vehicle accidents, a loss of any direct patient support system such as Epic, the wireless system, loss of normal power, etc.
- **Code Triage:** The term used to communicate the hospital's emergency response state to a disaster or hospital emergency.

## POLICY CONTENT

This procedure is part of the hospital's EOP, which provides the framework for the hospital's response to a disaster or hospital emergency.

## STEPS / KEY POINTS (Procedures / Protocols)

**I. PHYSICIANS CODE TRIAGE RESPONSE EXPECTATIONS**

- A. Salem Hospital Physicians (physicians employed by Salem Hospital)
  1. On-duty physicians will respond to a Code Triage as department or physician-specific EOPs indicate or as directed by the Incident Commander.
  2. Off-duty physicians will respond to a Code Triage if directed by the Incident Commander as relayed through the Medical Staff Office.
- B. West Valley Hospital
  1. Emergency Department Physicians
    - a. In the event of a code triage the Emergency Department (ED) physician on duty will collaborate with the ED charge nurse to determine the impact on resources and what is needed.
    - b. The ED physician will notify the ED medical director and together they will determine if and what number of additional physician resources are required and from what specialties.
    - c. Notifications:
      - i. The administrator-on-call is notified of a code triage event when a West Valley Hospital code triage emergency notification (Red Alert program) is activated. If this hasn't already occurred, the ED physician will direct staff to activate the West Valley Hospital emergency notification.

- ii. Emergency notification (Red Alert program) physician groups are composed as follows:
    - The “Code Triage Group” will include the West Valley Hospital employed physician panel.
    - The “Community Physicians Group” will include all community physicians. This group will be used to notify the physicians of the need for resources at the hospital or to provide information of what they and their officers should be doing in relation to the event.
2. West Valley Hospital Employed Physicians
- a. Hospital emergency:
    - i. Physicians in the hospital when a code triage is activated (as announced on the public address system) will continue their normal duties, but will remain ready to respond to support code triage operations as directed by the incident commander. Physicians will check with the ED prior to leaving the hospital.
    - ii. Off-duty physicians will respond to the code triage as directed by the incident commander either by phone call or emergency notification message.
  - b. Other rapidly evolving emergency: If a physician becomes aware of a major event that is likely to cause a severe influx of patients to the hospital (i.e. major earthquake, storm, mass casualty incident, etc.) and normal communications aren’t working they should respond to the hospital and check in at either the ED or the hospital command center to determine if they are needed.
  - c. Slow evolving emergency:
    - i. During an epidemic or other situation that develops over time producing a high number of worried well or non-acutely ill patients, physicians are encouraged to make adjustments at their offices (e.g. adjusted office hours) to reduce the number of non-acutely ill persons going to the hospital ED.
    - ii. Each physician’s office should have a plan for how they will obtain supplies for testing and treatment as well as personal protective equipment for emergency events.

C. Licensed Independent Physicians With Hospital Privileges

- 1. Privileged licensed independent physicians may serve in a code triage as outlined in physician-specific EOPs or as authorized by the incident commander.
- 2. Physicians with hospital privileges will receive the Physician-Specific EOP procedures and offered opportunities to participate in emergency operations plan development.

D. Licensed Independent Physicians Without Hospital Privileges

- 1. Non-affiliated licensed independent physicians may offer their volunteer services in a disaster by registering as outlined in the Disaster Privileging Licensed Independent Practitioners-EOP.
- 2. Non-affiliated Licensed Independent Physicians are only allowed to provide services at the hospital during a code triage when authorized by the incident commander and after being vetted through the Disaster Privileging of Licensed Independent Practitioners-EOP process.

**II. DETERMINING CODE TRIAGE OPERATIONAL NEEDS (Including Physician Requirements)** – In a Code Triage the hospital activates the hospital incident command system (HICS) and hospital operations are under the command of the incident commander. This ensures hospital resources are used most effectively to benefit the most casualties and/or patients in an emergency.

- A. Initial responsibilities of the incident commander include identifying resources needs. The incident commander, which at the beginning of most code triage events is the house supervisor on duty at Salem Hospital at the time the code triage is activated, collaborates with the ED physician to assess resource needs. At West Valley Hospital the ED charge or ED physician at the time of the event are the initial incident commander and collaborate as necessary with other physicians and staff to determine resource needs.
- B. Once the initial resource assessment is complete subsequent resource assessments are conducted as needed throughout the incident by operation-level leaders. For example,
  - 1. The ED (referred to as “ED Command” during a code triage) would assess needs specific to the ED, such as during a mass casualty incident or a multiple critical casualty code triage, and report their requirements to incident command.
  - 2. The Operating Room (referred to as “OR Command” in a code triage), such as in the mass casualty incident referenced above, would assess needs specific to the OR and report that need to incident command.
  - 3. If another operational area is the primary focus of code triage operations, their “Command” would similarly communicate physician needs to incident command, such as a patient evacuation occurring in a clinical unit.
  - 4. Incident command is responsible for acquiring and assigning resources to meet the organization’s code triage needs.
- C. For disasters and emergencies as needed, the incident commander will assign a medical director as either part of the HICS Command Staff or within the Operations Section as appropriate for the circumstances to design the physician operating model for the event.

### III. PRIMARY DISASTER-RESPONSE SPECIALTIES

A. Although all physician expertise is important for an effective organization-wide response to a disaster or hospital emergency, the following specialties have been identified by physicians as primary disaster-response specialties, those that are in highest demand in rapid onset code triage incidents such as an earthquake or other events producing mass casualties. In most cases only one or a few of these primary disaster-response specialties would be needed based upon the specific nature of the disaster and the resources already present at the hospital at the time of the event.

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|--------------------------------|---|
| 1. Anesthesiologists           | 9. Obstetricians                        |
| 2. Cardiologists               | 10. Orthopedists                        |
| 3. Cardiac surgeons            | 11. Pediatricians                       |
| 4. Emergency Physicians        | 12. Radiologists                        |
| 5. General surgeons            | 13. Radiation Oncologists               |
| 6. Hospitalists                | 14. Trauma physicians and surgeons      |
| 7. Intensivists/Pulmonologists | 15. Otolaryngology/Head & Neck surgeons |
| 8. Neurosurgeons               |   |

B. A code triage response plan will be developed by each of these specialty groups and an emergency response notification process will be maintained by the Salem Hospital Medical Staffing Office.

C. Representatives from primary disaster-response specialties will:

1. Provide input on EOP plans that involve their medical specialty.
2. Review new or revised EOP policies/procedures affecting patient care to ensure they are consistent with physician-specific EOP plans.

D. A complete list of hospital physicians and licensed independent physicians with hospital privileges by specialty will be maintained by the Medical Staff Office to aid in obtaining physicians needed at the hospital during a community-wide disaster.

### IV. PHYSICIAN RESPONSE PLANS

A. Emergency Response—For those events requiring emergency response (i.e. a multiple trauma casualty incident, an incident producing a mass casualty respiratory distress, etc.) of specific physicians or physician response teams, the Primary Disaster-Response Specialty Section Chief will work with physicians to design a response plan and identify those physicians responsible for emergency response.

B. Disaster Response—For those events requiring a disaster response (an “all hands on deck” model), such as for a major earthquake, Section Chiefs will work with physicians to design a response plan that all in the section physicians are trained on annually.

### V. THE PHYSICIAN ROLE IN THE HOSPITAL INCIDENT COMMAND SYSTEM (HICS)

A. HICS Assignment—in a regional disaster or major incident creating mass casualties a physician will serve as the Medical Branch Director.

B. Patient Care Decisions—under normal (non-Code Triage) conditions patient care decisions are based upon the needs of the individual patient. However, disaster-response patient care decisions are based upon benefiting the greatest number of patients. As a result routine procedures and protocols frequently require modifications or must be redesigned to adapt to the disaster environment. Because of this:

1. Physician participation in disaster planning is required to develop effective procedures, and
2. Physician participation in exercises and drills is essential in acquiring proficiency in coordinated disaster response practices.

C. Post Incident Review—Due to the critical role the physician plays in disaster response, physician feedback is essential during reviews of actual events and exercises.

**Equipment/Supplies** (If Applicable): N/A

**Form Name & Number or Attachment Name** (If Applicable): N/A

**Author Position:** Chief Medical Officer, Emergency Preparedness Administrator

#### **Review/Revision Authority:**

- Salem Hospital – Medical Executive Committee
- West Valley Hospital – Medical Executive Committee
- Salem Hospital – Hospital Preparedness Council
- **West Valley Hospital – Emergency Management Committee**
- Salem Hospital – Emergency Operations Managers
- Vice President Kaizen, Quality, Safety, and Patient Care Services

**Expert Consultant Position/s** (Not Individual Name/s): Chief Medical Officer, Emergency Preparedness Administrator

**References** (Required for Clinical Documents):

Is there a Regulatory Requirement? Yes  No  Joint Commission EM.02.01.01

Review History (No Changes):

Revision History (Note changes in area under header): 11/14, 12/15

Computer Search Words: Code Triage, Physicians, Disaster, Hospital Emergency

**Policy, Procedure or Protocol Cross Reference Information:**

- **Emergency Operations Plan (EOP) Overview** – Explains the overall framework of Salem Health’s emergency operations plan.
- **Code Triage Activation-EOP** – Explains the criteria for activating a code triage, the positions authorized to activate a code triage, and organizational responsibilities when a code triage is activated.
- **Code Triage Incident Command-EOP** – Explains the practical application of the hospital incident command system including primary leadership responsibilities.
- **Disaster Privileging Licensed Independent Practitioners-EOP** – Describes when and how Salem Health would utilize and manage non-employee licensed independent practitioners including certifying their professional credentials.
- **Disaster Volunteer Credential Verification-EOP** – Describes when and how Salem Health would utilize and manage volunteer non-licensed practitioners including certifying their professional credentials.